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FAX TRANSMISSION**OFFICIAL****DATE:** November 21, 2003**PTO IDENTIFIER:** Application Number 09/768189 Conf. #1931
Patent Number**Inventor:** Stuart B. Levy, et al.**MESSAGE TO:** Barbara Badio, Art Unit 1616**FAX NUMBER:** 703-872-9307**FROM:** LAHIVE & COCKFIELD, LLP

Cynthia M. Soroos

PHONE: (617) 227-7400**Attorney Dkt. #:** PKZ-021CP**PAGES (Including Cover Sheet):** 14**CONTENTS:** Amendment Transmittal (1 page);
Amendment After Final (9 pages);
Notice of Appeal (1 page);
Three Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page);
Fee Transmittal (1 page);
Certificate of Transmission under 37 CFR 1.8 (1 page); and
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PTO/SB/97 (12-97)

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on November 21, 2003
Date


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Amendment Transmittal (1 page);
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Fee Transmittal (1 page); and
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AMENDMENT TRANSMITTAL LETTER			Docket No. PKZ-021CP		
Application No. 09/768189-Conf. #1931	Filing Date January 23, 2001	Examiner Barbara Badio	Art Unit 1616		
Applicant(s): Stuart B. Levy, et al					
Invention. TETRACYCLINE COMPOUNDS FOR TREATMENT OF CRYPTOSPORIDIUM PARVUM RELATED DISORDERS					
TO THE COMMISSIONER FOR PATENTS					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	40	- 77 =		x	0 00
Independent Claims	2	- 8 =		x	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within third month					950 00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					950 00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity					
<input type="checkbox"/> No additional fee is required for this amendment					
<input checked="" type="checkbox"/> Please charge Deposit Account No. <u>12-0080</u> in the amount of \$ <u>950.00</u> A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>12-0080</u> as described below. A duplicate copy of this sheet is enclosed					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
Cynthia M. Soroos Attorney Reg. No.: 53,623 LAHIVE & COCKFIELD, LLP 28 State Street Boston, Massachusetts 02109 (617) 227-7400				Dated: <u>November 21, 2003</u>	
I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. 703-872-9307, on the date shown below.					
Dated: November 21, 2003		Signature:  (Cynthia M. Soroos)			

PTO/SB/17 (10-02)
Approved for use through 10/31/2002. OMB 0651-0032

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FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)		1,280.00	
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Complete if Known	
Application Number	09/768189-Conf. #1931
Filing Date	January 23, 2001
First Named Inventor	Stuart B. Levy
Examiner Name	Barbara Badio
Group Art Unit	1616
Attorney Docket No	PKZ-021CP

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> Deposit Account	
Deposit Account Number	12-0080
Deposit Account Name	Lahive & Cockfield, LLP
The Commissioner is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input checked="" type="checkbox"/> Credit any overpayments
<input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application	
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account	

FEE CALCULATION

1. BASIC FILING FEE			
Large Entry	Small Entry	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
1001 750	2001 375	Utility filing fee	
1002 330	2002 165	Design filing fee	
1003 520	2003 260	Plant filing fee	
1004 750	2004 375	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	
SUBTOTAL (1)			0.00

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE			
Total Claims	-77** =	Extra Claims	Fee Paid
Independent Claims	2	-8** =	0.00
Multiple Dependent			
Large Entry	Small Entry	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
1202 18	2202 9	Claims in excess of 20	
1201 84	2201 42	Independent claims in excess of 3	
1203 280	2203 140	Multiple dependent claim, if not paid	
1204 84	2204 42	Reissue independent claims over original patent	
1205 18	2205 9	Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)			0.00

**or number previously paid, if greater. For Reissues, see above.

3. ADDITIONAL FEES	
Large Entry	Small Entry
Fee Code (\$)	Fee Code (\$)
1051 130	2051 65
1052 50	2052 25
1053 130	2053 65
1812 2,520	2812 1,260
1804 920*	2804 460*
1805 1,840*	2805 920*
1251 110	2251 55
1252 410	2252 205
1253 930	2253 465
1254 1,450	2254 725
1255 1,970	2255 985
1401 320	2401 160
1402 320	2402 160
1403 280	2403 140
1451 1,510	2451 755
1452 110	2452 55
1453 1,300	2453 650
1501 1,300	2501 650
1502 470	2502 235
1503 630	2503 315
1460 130	2460 65
1807 50	2807 25
1806 180	2806 90
8021 40	28021 20
1809 750	2809 375
1810 750	2810 375
1801 750	2801 375
1802 900	2802 450
Other fee (specify):	
*Reduced by Basic Filing Fee Paid	
SUBTOTAL (3) (\$)	

SUBMITTED BY		Registration No. 53,623		Telephone (617) 227-7400	
Name (Print/Type)	Cynthia M. Sorocos	Signature	<i>Cynthia M. Sorocos</i>	Date	November 21, 2003

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Dated: November 21, 2003 Signature: *Cynthia M. Sorocos* (Cynthia M. Sorocos)